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			Attorney Docket N	lumber	7115.026	
	DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)		First Named Inver	itor	David Chao	
			COM	COMPLETE IF KNOWN		
			Application Number	ar .	10 / 002,253	
	Declaration X	Declaration Submitted after initial Filing (surcharge (37 CFR 1.16 (e)) required)	Filing Date	No	November 2, 2001	
	Submitted OR		Group Art Unit	37	3727	
	with Initial Filing		Examiner Name	То	To Be Assigned	
_	As a below named inventor, I her	aby declare that:	-			
	My residence, mailing address, and citizenship are as stated below next to my name.					
	I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:					
	CONTAINERS WITH ADDITIONAL FUNCTIONALITY					
l						
(Title of the Invention) the specification of which						
						is attached hereto
OR OR						
ì	was filed on (MM/DD/YYYY) November 2, 2001 as United States Application Number or PCT International					
l						
	Application Number 10 /002,2	253 and was arr	nended on (MM/DD/YYY)	<u> ۱</u>	(if applicable).	
i hereby state that I have reviewed and understand the contents of the above identified apacification, including the daims, as amended by any amendment apacifically referred to above.						
Lacksowedge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56. Including for continuation-						
in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.						
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\vdash	application on which priority is clair Prior Foreign Application	meo.	Foreign Filing Date	Priority	Certified Copy Attached?	
L	Number(s)	Country	(MM/DD/YYY)	Not Clain		
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1	Additional foreign application	numbers are listed on a s	upplemental priority data	sheet PT	O/SB/02B attached herato:	

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